MARIAN FRANCISCAN CENTER - FDD

9632 WEST APPLETON AVENUE

MI LWAUKEE 53225 Ownershi p: Nonprofit Church Phone: (414) 461-8850 Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: **FDDs** Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? No Yes Number of Beds Set Up and Staffed (12/31/01): 63 Title 18 (Medicare) Certified? No Total Licensed Bed Capacity (12/31/01): 63 Title 19 (Medicaid) Certified? Yes Number of Residents on 12/31/01: 61 Average Daily Census: 62 ********************* **********************

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/31	/01)	Length of Stay (12/31/01)	%			
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	6. 6 11. 5			
Supp. Home Care-Household Services	No	Developmental Disabilities	100. 0	Under 65	90. 2	More Than 4 Years	82. 0			
Day Services	No	Mental Illness (Org./Psy)	0.0	65 - 74	8. 2					
Respite Care	Yes	Mental Illness (Other)	0.0	75 - 84	1.6		100. 0			
Adult Day Care	No	Alcohol & Other Drug Abuse	0. 0	85 - 94	0.0	*********	*****			
Adult Day Health Care	No	Para-, Quadra-, Hemi plegic	0. 0	95 & 0ver	0. 0	Full-Time Equivalen				
Congregate Meals	No	Cancer	0. 0			Nursing Staff per 100 Res	si dents			
Home Delivered Meals	No	Fractures	0.0		100. 0	(12/31/01)				
Other Meals	No	Cardi ovascul ar	0. 0	65 & 0ver	9. 8					
Transportati on	No	Cerebrovascul ar	0.0	·		RNs	8. 2			
Referral Service	No	Di abetes	0. 0	Sex	%	LPNs	9. 0			
Other Services	No	Respi ratory	0. 0]	Nursing Assistants,				
Provi de Day Programming for		Other Medical Conditions	0.0	Mal e	37. 7	Aides, & Orderlies	40. 6			
Mentally Ill	No			Femal e	62. 3					
Provi de Day Programming for			100. 0							
Developmentally Disabled	Yes				100.0					

Method of Reimbursement

		ledicare litle 18			edicaid itle 19			0ther			Pri vate Pay)		Family Care			l anaged Care	l		
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	% 0f 3 All
Int. Skilled Care	0	0. 0	0	0	0. 0	0	0	0.0	0	0	0. 0	0	0	0. 0	0	0	0.0	0	0	0. 0
Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				60	100.0	151	0	0.0	0	0	0.0	0	1	100.0	144	0	0.0	0	61	100.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependen	t 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Total	0	0.0		60	100.0		0	0.0		0	0.0		1	100.0		0	0.0		61	100. 0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution	of Residents'	Conditio	ons, Services	s, and Activities as of 12/	31/01
beachs builing kepoliting lellou		 		%	Needi ng		Total
Percent Admissions from:		Activities of	%		stance of	% Totally	Number of
Private Home/No Home Health	30.0	Daily Living (ADL)	Independent	One (r Two Staff	Dependent	Resi dents
Private Home/With Home Health	0.0	Bathi ng	0. 0		29. 5	70. 5	61
Other Nursing Homes	30.0	Dressi ng	4. 9		39. 3	55. 7	61
Acute Care Hospitals	30. 0	Transferring	16. 4		32. 8	50. 8	61
Psych. HospMR/DD Facilities	0.0	Toilet Use	14. 8		29. 5	55. 7	61
Rehabilitation Hospitals	0.0	Eati ng	37. 7		11. 5	50. 8	61
Other Locations	10.0	**************	*********	******	**********	*********	******
Total Number of Admissions	10	Continence		%	Special Trea	tments	%
Percent Discharges To:		Indwelling Or Externa	al Catheter	1.6	Recei vi ng	Respiratory Care	0. 0
Private Home/No Home Health	18. 2	Occ/Freq. Incontinent	t of Bladder	65 . 6	Recei vi ng	Tracheostomy Care	0. 0
Private Home/With Home Health	0.0	Occ/Freq. Incontinent	t of Bowel	63. 9	Recei vi ng	Sucti oni ng	3. 3
Other Nursing Homes	54 . 5	_			Recei vi ng	Ostomy Care	0. 0
Acute Care Hospitals	0.0	Mobility			Recei vi ng	Tube Feeding	14. 8
Psych. HospMR/DD Facilities	0.0	Physically Restrained	d	4. 9	Recei vi ng	Mechanically Altered Diets	75. 4
Rehabilitation Hospitals	0.0				_	-	
Other Locations	18. 2	Skin Care			Other Reside	ent Characteristics	
Deaths	9. 1	With Pressure Sores		4. 9	Have Advan	ce Directives	0. 0
Total Number of Discharges		With Rashes		3. 3	Medi cati ons		
(Including Deaths)	11	ĺ			Recei vi ng	Psychoactive Drugs	57. 4

	This Facility	FD.	D lities	Faci		
	%	%	Ratio	%	Ratio	
Occupancy Rate: Average Daily Census/Licensed Beds	98. 4	84. 6	1. 16	84. 6	1. 16	
Current Residents from In-County	77. 0	41. 3	1. 87	77. 0	1.00	
Admissions from In-County, Still Residing	40. 0	17. 0	2. 35	20. 8	1. 92	
Admissions/Average Daily Census	16. 1	18. 6	0. 87	128. 9	0. 13	
Discharges/Average Daily Census	17. 7	22. 2	0.80	130. 0	0. 14	
Discharges To Private Residence/Average Daily Census	3. 2	9. 4	0. 34	52. 8	0.06	
Residents Receiving Skilled Care	0. 0	0. 0	0. 00	85. 3	0.00	
Residents Aged 65 and Older	9. 8	15. 8	0. 62	87. 5	0. 11	
Title 19 (Medicaid) Funded Residents	98. 4	99. 3	0. 99	68. 7	1. 43	
Private Pay Funded Residents	0. 0	0. 5	0.00	22. 0	0.00	
Developmentally Disabled Residents	100. 0	99. 7	1. 00	7. 6	13. 19	
Mentally Ill Residents	0. 0	0. 2	0.00	33. 8	0.00	
General Medical Service Residents	0. 0	0. 1	0.00	19. 4	0.00	
Impaired ADL (Mean)*	71. 1	50. 6	1. 41	49. 3	1.44	
Psychological Problems	57. 4	46. 6	1. 23	51. 9	1. 11	
Nursing Care Required (Mean)*	12. 7	11. 0	1. 16	7. 3	1. 73	